									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003)	04/755283				
· CLAIMS AS FILED - PART I													
			(Columi			umn 2) TYPE		SMALL TYPE	ENTITY	OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS					!			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			Z Ø minus 20=				•	XS 9=	:	OR	X\$18=		
INDEPENDENT CLAIMS			L	inus 3 =			٠	X43=		OR	X86=		
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	-	OR	TOTAL		
7-11-65 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								C1441	ENTER!	_	OTHER		
-	[1]	(Column 1)	,	(Colum		(Column 3)		SMALI	LENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER . AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	10	Minus	Ze	2	=	1	X\$ 9=		OR	X\$18=		
AME	Independent		Minus	ى	- -	= -	1	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
							L	TOTA		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING		HIGHE NUMB		PRESENT	ſ		ADDI-	7 1		ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent + FIRST PRESENTATION OF MU		Minus +++		CI AIM	AIM []		X43=		OR	X86=	<u>.</u> .	
								+145=		OR	+290=		
TOTAL ADDIT FEE										OR	TOTAL		
	(Column 1) (Column 2) (Column 3)								•				
AMENDMENT C	`	CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	1 [ADDI-	
		AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	**		= .		X\$ 9=	1	OR	X\$18=	V Can bay	
ME	Independent	•	Minus	***		=	H	X43=		1	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=	 	OR	A00-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ODIT. FEE		
		ber Previously Paid					foun	d in the a	opropriate bo	x in col	umn 1.		

FORM PTO-875 (Rev. 10/03)

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